

CLAIMS ONLY								Application Number <b>10/652269</b>		Filing Date	
								Applicant(s)			
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
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Total Indep	4							Total Indep			
Total Depend	46							Total Depend	2		
Total Claims	50							Total Claims	2		

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